



FOOTSCRAY PRIMARY SCHOOL ENROLMENT INFORMATION FOUNDATION 2021



1. Footscray Primary School will accept Foundation enrolment forms for students living within the designated school area and siblings of current families. We will accept enrolment forms from Term 2 the previous year. Enrolment packs are available from the school office.
Please submit your enrolment forms by 31st July 2020.
2. In Victoria, children are eligible to enrol at school from 4 ½ years of age. Your child must turn 5 by April 30th of the year they begin school. Children may commence school in the year they turn 6.
3. Footscray Primary School offers a comprehensive Foundation transition program during Term 4 the year before students begin school.
4. The priority order of placement at Footscray Primary School will be the following:
 - Students for whom the school is the designated Neighbourhood Government School
 - Students with a sibling at the same permanent address who are attending the school at the same time
 - All other students in order of closeness of their home to the school
5. A copy of the school enrolment policy is available on our website.
6. Families living outside the designated area may submit an expression of interest.
7. Enrolment meetings will be held during Term 3.

Enrolment Form Checklist

- Enrolment form is completely filled out
- Enrolment form is signed on page 8 & 10
- Consent form is signed (optional)
- Proof of Birth provided (copy of birth certificate or passport)
- Immunisation History Statement (contact Medicare for a copy)
- Proof of Address provided (rates or utility notice or rental agreement)
- Copy of Visa (if applicable)

Enrolment Forms that are incomplete or without required documentation will not be accepted.

PRIVACY NOTICE

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Footscray Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at FPS and the Department of Education & Training are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff at FPS can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. FPS depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Footscray Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to FPS. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, Jen Briggs if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that we may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to us.

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that the school receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

Immunisation status

This assists us in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

International Visa status

This information is required to enable FPS to process your child's enrolment.

Updating Your Child's Records

Please let the school know if any information needs to be changed by sending updated information to the school office. During your child's time with Footscray Primary we will also send you copies of enrolment information held by us annually. Please use this opportunity to let us know of any changes.

Access To Your Child's Record Held By School

In most circumstances you can access your child's records. Please contact the Principal to arrange this.

Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. The school can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.



FOOTSCRAY PRIMARY SCHOOL 2021 FOUNDATION ENROLMENT FORM



Student Details Personal details of student	CASES Student ID	Date received
	International Student ID (if applicable):	Entered

Surname:	Title: (Miss Ms Mr)
First Given Name:	
Second Given Name:	
Preferred Name (if applicable):	
❖ Sex (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date: (dd-mm-yyyy) ____ / ____ / ____	

PRIMARY FAMILY HOME ADDRESS

No. & Street: or PO Box details	
Suburb:	
State:	Postcode:
Telephone Number	Silent Number: (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Main Mobile Number:	Email:

FAMILY DETAILS

List any other family members attending this school:

❖ This question is asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

OFFICE CHECK BOX ONLY ✓

Year Level <input style="width: 50px; height: 20px;" type="text"/>	Home Group <input style="width: 50px; height: 20px;" type="text"/>	Enrolment Date <input style="width: 50px; height: 20px;" type="text"/>	Exit Year <input style="width: 50px; height: 20px;" type="text"/>
Proof of Birth <input style="width: 50px; height: 20px;" type="checkbox"/>	Immunisation <input style="width: 50px; height: 20px;" type="checkbox"/>	Proof of Address <input style="width: 50px; height: 20px;" type="checkbox"/>	DSA / Sibling / Other <input style="width: 50px; height: 20px;" type="text"/>
ACCESS ALERT	MEDICAL ALERT	VISA	Permissions
Y/N <input style="width: 50px; height: 20px;" type="checkbox"/>	Y/N <input style="width: 50px; height: 20px;" type="checkbox"/>	Y/N <input style="width: 50px; height: 20px;" type="checkbox"/>	Photography <input style="width: 50px; height: 20px;" type="checkbox"/>
Court Docs Y/N <input style="width: 50px; height: 20px;" type="checkbox"/>	Asthma/Anaphylaxis/ Allergy <input style="width: 50px; height: 20px;" type="text"/>	Visa Docs Y/N <input style="width: 50px; height: 20px;" type="checkbox"/>	Walking Excursions <input style="width: 50px; height: 20px;" type="checkbox"/>
Student at Risk Y/N <input style="width: 50px; height: 20px;" type="checkbox"/>	Plan/info on file Y/N <input style="width: 50px; height: 20px;" type="checkbox"/>	International Student Y/N <input style="width: 50px; height: 20px;" type="checkbox"/>	Internet Use <input style="width: 50px; height: 20px;" type="checkbox"/>
			Essential Items <input style="width: 50px; height: 20px;" type="checkbox"/>
			Excursions <input style="width: 50px; height: 20px;" type="checkbox"/>
			CSEF Y/N <input style="width: 50px; height: 20px;" type="checkbox"/>

Primary Family Details

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". **Additional and Alternative family forms are available from the school if this is required.** These additional forms are designed to cater for varying family circumstances. It is imperative that the legal surname, legal first name and legal second name are recorded.

ADULT A DETAILS (PRIMARY CARER):

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult A's occupation?		
Who is Adult A's employer?		
In which country was Adult A born?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
❖ Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
❖ What is the highest year of primary or secondary school Adult A has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i> <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the highest qualification the Adult A has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list. <ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult B's occupation?		
Who is Adult B's employer?		
In which country was Adult B born?		
<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):		
❖ Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick) <input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):		
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		
❖ What is the highest year of primary or secondary school Adult B has completed? (tick one) <i>(For persons who have never attended school, mark 'Year 9 or equivalent or below'.)</i> <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below		
❖ What is the level of the highest qualification the Adult B has completed? (tick one) <input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification		
❖ What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list. <ul style="list-style-type: none"> • If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. • If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 		

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

Main language spoken at home:				
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both	<input type="checkbox"/> Neither
Do you consent for your contact information to be shared with your child's classroom representative (Parent volunteer) each year? (Social events, calls for class donations, helpers etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Primary Family Contact Details

ADULT A CONTACT DETAILS:

Business Hours:

Can we contact Adult A at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult A usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult A usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult A's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		
Fax Number:		

ADULT B CONTACT DETAILS:

Business Hours:

Can we contact Adult B at work? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Adult B usually home during business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Telephone No:		
Other Work Contact information:		

After Hours:

Is Adult B usually home AFTER business hours? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone No:		
Other After Hours Contact Information:		
Adult B's preferred method of contact: (tick one)		
<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimile
Email address:		
Fax Number:		

PRIMARY FAMILY MAILING ADDRESS:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box		
Suburb:		
State:	Postcode:	

Primary Family Doctor Details:

Doctor's Name	Individual or Group Practice: (tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street or PO Box No.:			
Suburb:			
State:	Postcode:		
Telephone Number	Fax Number		
Current Ambulance Subscription: (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicare Number:

Primary Family Emergency Contacts: (NOT PARENT A OR B)

	Name	Relationship (Neighbour, Relative, Friend or Other)	Telephone Contact	Language Spoken (If English Write "E")
1				
2				
3				
4				

Primary Family Billing Address:

Write "As Above" if the same as Family Home Address

No. & Street or PO Box			
Suburb:			
State:		Postcode:	

Other Primary Family Details

Relationship of Adult A to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent	
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other	
Relationship of Adult B to Student: (tick one)	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Adoptive Parent	
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	
	<input type="checkbox"/> Friend	<input type="checkbox"/> Self	<input type="checkbox"/> Other	
The student lives with the Primary Family: (tick one)				
<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Send Correspondence addressed to: (tick one)	<input type="checkbox"/> Adult A	<input type="checkbox"/> Adult B	<input type="checkbox"/> Both Adults	<input type="checkbox"/> Neither
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Kindergarten information:

Four Year Old kindergarten Attended (Please tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Kindergarten Attended:	_____	
Name of group/days (if applicable):	_____	
Type (if applicable):	<input type="checkbox"/> Sessional	<input type="checkbox"/> Integrated
This information will be used to group children together (where possible) for the transition program.		

Demographic Details of Student

❖ In which country was the student born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify): _____
Date of arrival in Australia OR Date of return to Australia: (dd-mm-yyyy) _____ / _____ / _____	
What is the Residential Status of the student? (tick)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Basis of Australian Residency:	
<input type="checkbox"/> Eligible for Australian Passport	<input type="checkbox"/> Holds Australian Passport
<input type="checkbox"/> Holds Permanent Residency Visa	
Visa Sub Class: _____	Visa Expiry Date: (dd-mm-yyyy) _____ / _____ / _____
Visa Statistical Code: (Required for some sub-classes) _____	
International Student ID : (Not required for exchange students) _____	
❖ Does the student speak a language other than English at home? (tick) (If more than one language is spoken at home, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify): _____
Does the student speak English? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Is the student of Aboriginal or Torres Strait Islander origin? (tick one)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both Aboriginal & Torres Strait Islander
What is the student's living arrangements? (tick one):	
<input type="checkbox"/> At home with TWO Parents/ Guardians	<input type="checkbox"/> State Arranged Out of Home Care # (See Note)
<input type="checkbox"/> At home with ONE Parent/ Guardian	<input type="checkbox"/> Homeless Youth
<input type="checkbox"/> Independent	

State Arranged Out of Home Care - Students who have been subject to protective intervention by the Department of Human Services and live in alternative care arrangements away from their parents. These DHS-facilitated care arrangements include living with relatives or friends (kith and kin), living with non-relative families (foster families or adolescent community placements) and living in residential care units with rostered care staff.

Student's Religion: _____

Student Access or Activity Restrictions Details

If you complete this section you must provide copies of Documents before information can be acted upon.

Is the student at risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Access Alert for the student? (tick)	<input type="checkbox"/> Yes (If Yes, then complete the following questions and present a current copy of the document to the school.)	<input type="checkbox"/> No (If No, move to the immunisation / medical condition details questions.)
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Other
Describe any Access Restriction: _____		
Is there an Activity Alert for the student? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, then describe the Activity Restriction: _____		

❖ These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information.

School Details

Date of first enrolment in an Australian School:		____ / ____ / ____	
Name of previous School (if applicable):			
Foundation Students Only – Has a Transition Statement been provided (either by the Early Childhood Educator or Parent)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Pending
Years of previous education:	What was the language of the student's previous education?		
Does the student have a Victorian Student Number (VSN)?			
<input type="checkbox"/> Yes. Please specify:		<input type="checkbox"/> Yes, but the VSN is unknown	<input type="checkbox"/> No. The student has never been issued a VSN.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Years of interruption to education:	Is the student repeating a year? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Integration:	Is this student and Integration Student (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the student be attending this school full time? (tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, what will be the time fraction that the student will be attending this school? (i.e: 0.8 = 4 days/week)			
Other school Name:	Time fraction: 0.	Enrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other school Name:	Time fraction: 0.	Enrolled:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Conditional Enrolment Details

In some circumstances a child may be enrolled conditionally, particularly if the required enrolment documentation to determine the shared parental responsibility arrangements for a child is not provided. Please refer to Section 4.1.2.6 of the Victorian Government Schools Reference Guide for more information

(<http://www.education.vic.gov.au/management/governance/referenceguide/default.htm>).

Enrolment conditions

OFFICE USE ONLY

Has the documentation been provided and retained on school records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the conditions been met to complete the enrolment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Student Medical Details

MEDICAL CONDITION DETAILS:

Does the student suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student suffer from Asthma? (tick) If No, please go to the Other Medical Conditions section					<input type="checkbox"/> Yes*	<input type="checkbox"/> No

ASTHMA MEDICAL CONDITION DETAILS:

Answer the following questions **ONLY** if the student suffers from any asthma medical conditions. Students with asthma must have an asthma management plan completed by a doctor (form available at school office).

Please indicate if the student suffers from any of the following symptoms: (tick) <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest		If my child displays any of these symptoms please: (tick) Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Has an Asthma Management Plan been provided to School?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:	
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick)			<input type="checkbox"/> Preventative <input type="checkbox"/> Response
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:	
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> First Aid <input type="checkbox"/> Teacher <input type="checkbox"/> Other			
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with First Aid <input type="checkbox"/> Fridge in First Aid <input type="checkbox"/> Elsewhere			
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating	

OTHER MEDICAL CONDITIONS

(More copies of the other medical condition forms are available on request from the school.) Students with allergies/anaphylaxis must have a management plan completed by a doctor (form available from school office).

Does the student have any other medical condition? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		
Symptoms:		
If my child displays any of the symptoms above please: (tick)		
Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of medication taken:
Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response		
Indicate the usual dosage of medication taken:		Indicate how frequently the medication is taken:
Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> First Aid <input type="checkbox"/> Teacher <input type="checkbox"/> Other		
Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with First Aid <input type="checkbox"/> Fridge in F/Aid <input type="checkbox"/> Elsewhere		
Dosage time	Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Poison Rating

Student Doctor Details

The following details should **only** be provided if **this** student has a Doctor and/or Medicare number different to the Primary Family.

Doctor's Name:	
Individual or Group Practice: (tick)	<input type="checkbox"/> Individual <input type="checkbox"/> Group
No. & Street or PO Box No.:	
Suburb:	
State:	Postcode:
Telephone Number	Fax Number
Student Medicare Number:	

Student Emergency Contacts

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Primary Family Emergency Contacts.

	Name	Relationship (Neighbour, Relative, Friend or Other)	Language Spoken (If English Write "E")	Telephone Contact
1				
2				

Thank you for taking the time to complete this Student Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our school.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: _____ **Date:** ____ / ____ / ____

Parental Consent

The following are standard permission forms, which will be used for the duration of your child's schooling at Footscray Primary School. If you wish to withdraw your consent at a later date, you must inform the school in writing.

Medical Consent

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to: (cross out any unacceptable statement)

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Local School Excursion Permission

I hereby give permission for my child to participate in local excursions, which do not require transport but involve students leaving the school grounds to walk to a particular local venue, for the duration of their schooling at Footscray Primary School, providing a teacher is in charge and all reasonable care is taken to ensure student safety.

I agree that, in the event of an accident or illness during this excursion, if I cannot be contacted, the teacher in charge has permission to obtain such medical assistance as considered necessary for my child. I will accept responsibility for any costs involved. I note an excursion includes any teacher-supervised activity outside the school grounds. I understand that if I wish to withdraw local walking consent for my child, it will be my responsibility to inform the school in writing.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

School Use Photography Permission

I hereby give permission for my child to be photographed for school use only, such as on the CASES21 enrolment system, classroom and foyer displays and for use in app and web-based educational programs that are not publically accessible. I understand that if I wish to withdraw school use photography consent for my child, it will be my responsibility to inform the school in writing.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Media Use Photography Permission

I hereby give permission for my child to participate in any appropriate school media activities for the duration of their schooling at Footscray Primary School. This permission includes the right to be photographed in a school activity by the school, press or television networks. This permission includes the right for my child photo to appear in the school newsletter, school promotional material and on social media. I understand that if I wish to withdraw media use photography consent for my child, it will be my responsibility to inform the school in writing.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Early Learning & Previous School Information Sharing Permission

I hereby give permission for my child's teacher, or a member of the school leadership team to contact my child's previous school, kindergarten or long day care for reciprocal sharing of information to support my child's learning and development.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

PARENTAL OCCUPATION GROUP CODES

GROUP A Senior management in large business organisation, government administration and defence, and qualified professionals

Senior Executive / Manager / Department Head in industry, commerce, media or other large organisation

Public Service Manager (Section head or above), regional director, health / education / police / fire services administrator

Other administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director)

Defence Forces Commissioned Officer

Professionals - generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* professional
- *Business* (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer)
- *Air/sea transport* (aircraft / ship's captain / officer / pilot, flight officer, flying instructor, air traffic controller)

GROUP B Other business managers, arts/media/sportspersons and associate professionals

Owner / Manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business

Specialist Manager (finance / engineering / production / personnel / industrial relations / sales / marketing)

Financial Services Manager (bank branch manager, finance / investment / insurance broker, credit / loans officer)

Retail sales / Services manager (shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency)

Arts / Media / Sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official)

Associate Professionals - generally have diploma / technical qualifications and support managers and professionals:

- *Health, Education, Law, Social Welfare, Engineering, Science, Computing* technician / associate professional
- *Business / administration* (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager)
- *Defence Forces* senior Non-Commissioned Officer

GROUP C Tradesmen/women, clerks and skilled office, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group

Clerks (bookkeeper, bank / PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording / registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

Skilled office, sales and service staff:

- *Office* (secretary, personal assistant, desktop publishing operator, switchboard operator)
- *Sales* (company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher)
- *Service* (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor)

GROUP D Machine operators, hospitality staff, assistants, labourers and related workers

Drivers, mobile plant, production / processing machinery and other machinery operators

Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper)

Office assistants, sales assistants and other assistants:

- *Office* (typist, word processing / data entry / business machine operator, receptionist, office assistant)
- *Sales* (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker)
- *Assistant / aide* (trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant)

Labourers and related workers

- *Defence Forces* - ranks below senior NCO not included above
- *Agriculture, horticulture, forestry, fishing, mining worker* (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/ logging worker, miner, seafarer / fishing hand)
- *Other worker* (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor)